



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90041 016 \*\*\*\*61.25

<b>DOCUMENT # N05000000976</b> 1. Entity Name <b>CENTRAL COMMERCE CENTER BUILDING NO. 1 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>			Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>		
2. Principal Place of Business - No P.O. Box # <b>101 PARK PLACE BLVD.</b>		3. Mailing Address <b>101 PARK PLACE BLVD.</b>		  03122007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>SUITE 2</b>		Suite, Apt. #, etc. <b>SUITE 2</b>			
City & State <b>KISSIMMEE, FL</b>		City & State <b>KISSIMMEE, FL</b>			
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>		
4. FEI Number <b>20-2338582</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PARSONS, RAY 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name <b>Association Management Group of Central FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Park Place Blvd.</b> Suite 2 City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Leslie Ludlam</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DR. MUHAMMAD SHAUKAT 323-325 W. OAK STREET KISSIMMEE, FL 34741</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PARSONS, DALE 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DR. JORGE LARRAGANA 1101 N. CENTRAL AVENUE KISSIMMEE, FL 34741</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, SUSIE 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DR. DUBY AVILA 1111 N. CENTRAL AVENUE KISSIMMEE, FL 34741</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Leslie Ludlam</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					